

SUMMONSUNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF INDIANA
SOUTH BEND DIVISIONCASE: 3:12CV 615**Plaintiff - Name and Address**MARY JO TOLBERT
68066 Dailey Road
Edwardsburg, MI 49112

vs.

Defendant - Name and AddressNEW ENGLAND COMPOUNDING PHARMACY, INC.
c/o Gregory Conigliaro, Registered Agent
697 Waverly Street
Framingham, MA 01702**TO THE ABOVE NAMED DEFENDANT OR DEFENDANTS:**

You have been sued by the person(s) named "plaintiff" in the court stated above.

The nature of the suit against you is stated in the complaint which is attached to this summons. It also states the demand which the plaintiff has made and wants from you.

You must answer the complaint in writing, by you or your attorney, within twenty (20) days commencing the day after you receive this summons, (you have twenty-three (23) days to answer if this summons was received by mail), or judgment will be entered against you for what the plaintiff has demanded.

If you have a claim for relief against the plaintiff arising from the same transaction or occurrence, you must assert it in your written answer.

CLERK'S ISSUANCEDATE 10/22, 2012

Robert N. Tyorich CLERK
[Signature] DEPUTY

The following manner of service is hereby designated:

☐ Registered Mail☒ **Certified Mail**☐ By Sheriff as provided by law☐ Other, as follows: _____

(If by mail, stamped addressed envelope with return receipt attached to be furnished by the attorney.)

UNITED STATES DISTRICT COURT102 Robert A. Grant Courthouse
204 South Main Street
South Bend, Indiana 46601
Telephone: (574) 246-8000**ATTORNEY FOR PLAINTIFF**Richard W. Morgan, 53600 N. Ironwood Dr., South Bend, IN 46635 (574) 272-2870**ACKNOWLEDGMENT OF SERVICE OF SUMMONS**

A copy of the above summons and a copy of the complaint attached thereto was received by me at _____ this _____ day of _____, 20____.

Signature of Defendant

7011 2970 0002 3677 4897

U.S. Postal Service CERTIFIED MAIL RECEIPT	
(Domestic Mail Only, No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Sent To <i>New England Compounding Pharmacy, Inc</i>	
Street, Apt. No., or PO Box No. <i>40 Gregory Conigliaro, RA</i>	
City, State, ZIP+4 <i>697 Waverly St. Framingham, MA 01702</i>	
PS Form 3800, August 2006 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Steve Higgins</i> <input checked="" type="checkbox"/></p> <p>B. Received by (Printed Name) <i>Steve Higgins</i> <input type="checkbox"/></p> <p>C. Date of <i>10-30-12</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><i>New England Compounding Pharmacy, Inc</i> <i>40 Gregory Conigliaro, Reg. Agent</i> <i>697 Waverly St.</i> <i>Framingham, MA 01702</i></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p>7011 2970 0002 3677 4897</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Richard W. Morgan
Pfeifer Morgan + Stesato
53600 N. Ironwood Dr
South Bend, IN 46635

attn: Vicki

